

Equitable Health Care Task Force

JANUARY 2024 – JUNE 2025

Members

Sara Bolnick, MPH, Director of Communications and Partnerships, Minnesota Association of Community Health Centers

Representing: Advocacy Organizations

Elizete Diaz, MSW, Senior Social Worker, Hennepin County: Long term services and supports

Representing: Latina/o/x communities

Elijahjuan (Eli) Dotts, Health Equity Manager, Prime West Health

Representing: General member

Mary Engels, MS, PCC, CDE, Senior Director of Organizational Learning and Development, Essentia Health

Representing: General member

Marc Gorelick, MD, President and Chief Executive Officer, Children's Minnesota

Representing: General member

Bukata Hayes, Vice President, Racial and Health Equity & Chief Equity Officer, Blue Cross and Blue Shield of Minnesota

Representing: General member

Joy Marsh, Vice President, Equity & Inclusion, UCare

Representing: African American communities

Maria Medina, System Director of Equity Initiatives, Fairview Health Services

Representing: General member

Vayong Moua, Racial and Health Equity Advocacy Director, Blue Cross and Blue Shield of Minnesota

Representing: Health Coverage Organizations

Mumtaz (Taj) Mustapha, MD, Chief of Equity Strategy, M Health Fairview

Representing: General member

Laurelle Myhra, PhD, LMFT, Director, Mino Bimaadiziwin Wellness Clinic

Representing: American Indian communities

Cybill Oragwu, MD, FAAFP, Attending Physician, CentraCare Health

Representing: Health Care Providers

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Miamon Queeglay, Assistant Director of Outreach and Engagement, University of Minnesota, School of Dentistry

Representing: African Heritage communities

Nneka Sederstrom, PhD, MPH, MA, FCCP, FCCM, Chief Health Equity Officer, Hennepin Healthcare

Representing: General member

Megan Chao Smith, BSN, PHN, RN, TaikoArts Midwest

Representing: LGBTQIA+ communities

Patrick Simon S. Soria, DNP, MAN, MHA(c), RN, President-elect, Phillipine Nurses Association of Central Minnesota

Representing: Asian American and Pacific Islander communities

Sonny Wasilowski

Representing: Disability communities

Erin Westfall, DO, Program Director and Director of Osteopathic Education, Mayo Clinic Family Medicine Residency – Mankato

Representing: General member

Tyler Winkelman, MD, MSc, Co-Director - Health, Homelessness, and Criminal Justice Lab, Hennepin Healthcare Research Institute Past-President, Minnesota EHR Consortium

Representing: General member

Yeng M. Yang, MD, MBA, Medical Advisor and Co-Chair of Health Equity, Diversity, Inclusion, Belonging and Anti-Racist Cabinet, HealthPartners

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To obtain this information in a different format, call: 651-201-3783.

DRAFT Equitable Health Care Task Force Charter

The appointed task force will review and update this draft charter.

Purpose and charge

The Equitable Health Care Task Force (task force) will examine inequities in how people experience health care based on race, religion, culture, sexual orientation, gender identity, age, and disability, and identify strategies for ensuring that all Minnesotans can receive care and coverage that is respectful and ensures optimal health outcomes. The task force performs the work as established by Minnesota Session Laws 2023, Chapter 70, Section 105. The task force may establish subcommittees or work groups as necessary. The task force will:

- Identify inequities experienced by Minnesotans in interacting with the health care system that originate from or can be attributed to their race, religion, culture, sexual orientation, gender identity, age and/or disability status.
- Conduct community engagement across multiple systems, sectors, and communities to identify barriers for these population groups that result in diminished standards of care and foregone care.
- Identify promising practices to improve experience of care and health outcomes for individuals in these population groups.
- Make recommendations to the commissioner of health and to the chairs and ranking minority members of the legislature with primary jurisdiction over health policy and finance for changes in health care system practices or health insurance regulations that would address identified issues.

Background

Minnesota has a strong system for ensuring access to health insurance, one of the lowest uninsurance rates in the nation, and a national reputation for delivering high-quality care. Most Minnesotans report a very high level of trust in their providers and a high level of satisfaction with their care. And yet, not everyone has the same type of experience when they seek care or try to navigate their insurance coverage. We know that people of color and Indigenous communities, persons who identify as LGBTQIA+, people with disabilities, and others experience discrimination and unfair treatment. Disproportionately, these persons also have low confidence in their ability to receive care and some forego care due to costs.

These inequities impact health outcomes and trust in the health care system overall. When people do not feel that they will be respected and receive the care they need within the system, they may delay seeking care, or may not seek care at all. Physicians, other health care providers, and insurers need to be confident that they are employing best practices and strategies to ensure that all patients and families are receiving optimal care and are regarded and treated equally.

Membership

Members

Up to 20 members appointed by the commissioner of health from metropolitan areas and greater Minnesota that include representatives of:

- African American and African heritage communities
- Asian American and Pacific Islander communities
- Latina/o/x communities
- American Indian communities and Tribal Nations
- Disability communities
- LGBTQIA+ communities
- Organizations that advocate for the rights of individuals using the health care system
- Health care providers of primary and specialty care (this includes persons who represent organizations that provide health care)
- Organizations that provide health coverage in Minnesota (this includes persons who represent insurers and health maintenance organizations)

Desired skills and experience

- Ability to consider conflicting points of view and innovative next steps.
- Ability to lift-up the voices and perspectives of represented communities and sectors.
- Ability to synthesize information from a variety of sources and perspectives.
- Ability to respectfully communicate and collaborate with others.
- Demonstrated experience working to advance health equity with the communities in Minnesota that are described under the “Members” subsection.
- Demonstrated experience working to advance health equity in the health care delivery or payment systems in Minnesota.

Expectations

- Attend and engage in meetings roughly every two months from November 2023 through June 2025.
- Review meeting materials in advance and be prepared to contribute insights and expertise.

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- Bring the perspective of the represented community group or sector to discussions and decisions. Confer with represented communities, sectors, and interested parties and groups in-between meetings.
- Serve on subcommittees and workgroups established by the task force as needed.
- Adhere to the established ground rules that provide the framework for learning, collaboration, and decision-making.

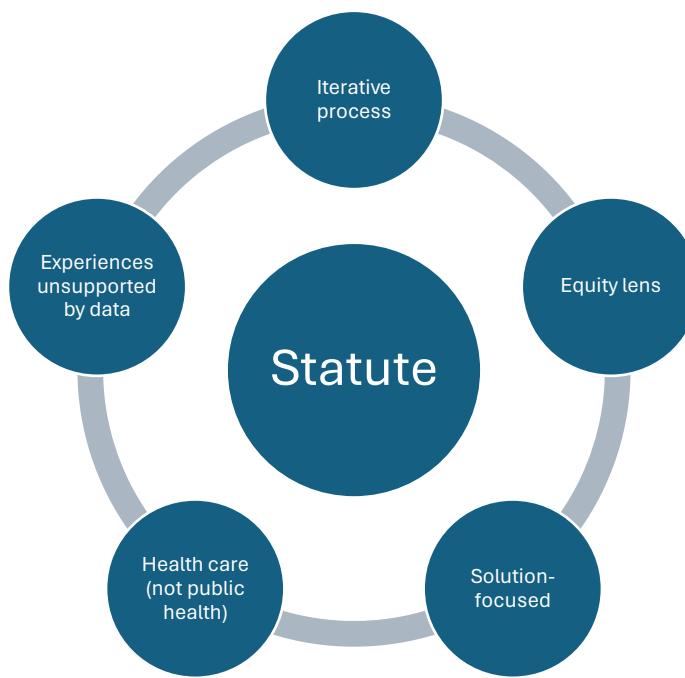
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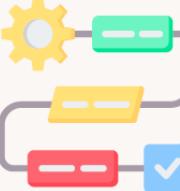
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Equitable Health Care Task Force Kick-Off Meeting: Developing Recommendations

To frame the development of recommendations, the following constructs are important:



There are multiple ways for this group to work toward developing final recommendations. The following are decision-making models to consider:

	<p>Unstructured brainstorm Discussion is facilitated in a way that group members can offer any and all ideas. Consensus is facilitated organically.</p>
	<p>Nominal group technique Brainstorm is structured in a way to solicit group members' ideas, then discuss and prioritize.</p>
	<p>Multivoting Prioritization of ideas is facilitated with a structured ranking process.</p>
	<p>Gradients of agreement Group consensus is facilitated by assessing the degree to which each person agrees with one idea, followed by discussion where needed.</p>
	<p>Majority voting One idea is chosen from a number of alternatives by reaching a certain percentage of votes cast. The percentage may be determined by the group.</p>



Summary of Pre-Kickoff Survey Results: Equitable Health Care Task Force

January 16, 2024

Ten task force members responded to the Equitable Health Care Task Force pre-meeting poll. Members were asked about their perspectives on priority issues and solutions in health care. Below is a synthesis of their responses. Hearing the unique voice of each member is critical, so we included each task force member's response in the appendix.

1) Given the charge of the task force, what are key issues to be addressed in health care systems that will leverage more equitable health outcomes for patients and communities?

- Need for enhanced data reporting systems, data sharing, coupled with follow-up accountability measures
- Need to eliminate language, cultural and accessibility barriers to serving patients and communities
- Care provider quality – improvements needed through standardization, training and support that will result in increased health outcomes in BIPOC and LGBTQ+ communities
- A comprehensive approach to addressing systems change that addresses social determinants of health in health care access and affordability
- Need for independent healthcare practices to prevent monopolies
- Encourage independent healthcare practices to prevent monopolies

2) What are some high-level ideas for effective solutions to achieving more equitable health outcomes that you'd like to bring into future task force discussions?

- Increase accessibility to health care by addressing SDOH in ways that are strategic and provide holistic approaches to solutions
- Advocate for stalled legislation, organizational policy and practices that impact quality of care issues
- Focus on data reporting and sharing
- Increase widespread access to ancillary preventative services that impact health outcomes outside of health treatment



Equitable Health Care Task Force: Meeting Ground Rules

- Limit distractions such as the use of cell phones and side conversations where possible.
- Listen actively – respect others when they are talking.
- Speak from your own experience or perspective instead of generalizing (“I” instead of “they,” “we,” and “you”).
- Speak the truth with kindness and respect the truth in everyone else’s perspective and stories.
- This is an opportunity to listen and to be heard. Try not to be defensive or try to validate your position.
- Participate to the fullest of your ability – community growth depends on the inclusion of every individual voice. In this context, we are all equals. All perspectives are welcomed and valued.
- Assume positive intent, while also striving for positive impact.
- Practice self-care (e.g., step away if needed).
- Avoid ascribing motives to behavior – we can’t know why people act the way they do.
- Avoid absolutes and exaggerations, such as always, never, etc.

Public comments

These are excerpts of comments that were sent to health.equitablehealthcare@state.mn.us between September 2023 and January 2024.

- As a recently retired provider of care in the pregnancy and childbearing world, I take issue with the representation of members appointed to this Task Force. Not in a personal way (as I am not acquainted with any of the individuals) but rather that the makeup up the task force skews the likely perspective of the findings. It is widely understood that health care disparities, by race in particular, are widest in the childbearing communities. Please seek more representatives from the childbearing communities and avoid those who represent the institutions who have thus far failed to make the necessary reductions in disparities.
- I am just curious as to why there aren't any commission members to advocate for Seniors on this board.
- I have worked in health care / social work for many years. I wanted to put in a plug to the task force to be aware of related to this topic- people in poverty, with addiction and homelessness often receive disparate treatment as well in health care (in addition to the other areas the task force is looking into). I see it all of the time, unfortunately. Socio economic status seems to compound the other factors the task force is looking into.
- As a practicing surgeon, if I have concerns with the current equitability of care, particularly among African-American children in Twin cities, who would I take that concern to? Is there a confidential platform to raise these concerns without risk of backlash from the medical community? Is there a whistleblower hotline to report medical policies at large medical centers that discriminate against African Americans?